

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 161573595		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		⊙	⊙			51				✓		
2							52				✓		
3							53				✓		
4							54				✓		
5							55				✓		
6							56				✓		
7							57				✓		
8							58				✓		
9							59				✓		
10							60				✓		
11							61				✓		
12							62				✓		
13							63				✓		
14							64				✓		
15							65				✓		
16							66				✓		
17							67				✓		
18							68				✓		
19							69				✓		
20							70				✓		
21							71				✓		
22							72				✓		
23							73				✓		
24							74				✓		
25							75				✓		
26							76				✓		
27							77				✓		
28							78				✓		
29							79				✓		
30							80				✓		
31							81				✓		
32							82				✓		
33	✓						83				✓		
34							84				✓		
35							85				✓		
36							86				✓		
37							87				✓		
38							88				✓		
39							89				✓		
40							90				✓		
41							91				✓		
42							92				✓		
43							93				✓		
44							94				✓		
45							95				✓		
46							96				✓		
47			⊙	⊙			97				✓		
48			✓	✓			98				✓		
49				✓			99				✓		
50				✓			100				✓		
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	47	←		←		←	TOTAL DEP.		←	45	←		←
TOTAL CLAIMS	49						TOTAL CLAIMS			47			